



Boarding Form

Pet Name: _____ **Client Name:** _____

***Capstar will be given if your pet isn't on Credelio, Nexgard, Nexgard Combo and /or Plus, Bravecto, Simparica Trio, Trifexis, Cherestin, Revolution or Advantage Multi at an additional cost of \$8 to \$9**
Capstar is a 24-hour flea killer given to ALL boarders going into the kennel area.*

Length of stay from _____ **to** _____

[Sunday pick-up is available from 4:00 to 5:00 PM ONLY]

****PLEASE NOTE:** PRE-PAYMENT at check-in or a card left on file is **required** for **ALL** Sunday pick-ups.**

Owner or _____ will pick up pet(s). Emergency phone: _____

Please Circle if your pet needs: Bath Nail Trim Express Anal Glands Clean Ears

If your pet is getting a bath they will **NOT** be ready for pick-up until after 2:00pm

****ALL puppies (under 6 months) WILL REQUIRE a bath prior to pick-up****

Feeding Preference: (please circle)

Kennel Food / **Own Food** **Feeding directions:** _____

Has your pet eaten today : Yes No _____

Medication: *(Please Note: There is a daily RX administration fee of \$6.25)*

Yes No If yes, have they received today: Yes No

Please list **ALL** medications to be given: _____

Special Instructions: _____

Note: If your pet is in-heat during their boarding stay, there will be an additional nightly charge of \$10.00 per night.

I, the undersigned, certify that I am the owner, or authorized agent of the owner, of the above animal. In the event of a medical problem or an emergency, I authorize the doctor and assistants to perform any necessary medical procedures. I understand that I am responsible for payment of any procedures done. I also understand that my pet must be current on all required vaccinations and flea prevention for the protection of my animal and the other animals as well. If I cannot provide proof of a current vaccination status on my pet, my pet will be updated while at Helena at my expense. I also understand that Helena Veterinary Clinic is not responsible for any lost, damaged or misplaced items during my pet's stay. *****If fleas or ticks are found on your pet during stay, we will apply a dose of preventative at owner's cost*****

Owner Signature

Date

Please Initial for authorization to use credit card ending in # _____ on file for charges: X _____